

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-042058

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 77 Primary Registration District No. 5305 Registrar's No. 7

FILED DEC 3 1962

1. PLACE OF DEATH a. COUNTY COLE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY OSAGE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN In Osage River near Schubberts, Mo.		c. CITY OR TOWN Linn	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Star Route	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First CHARLES Middle THEODORE Last IVEN	4. DATE OF DEATH Month NOVEMBER Day 30 Year 1962
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5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 28 July 1925	9. AGE (last birthday) 37	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY selfemployed	11. BIRTHPLACE (City and state or country) Freeburg, Mo.	12. CITIZEN OF WHAT COUNTRY U S A
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13a. FATHER'S NAME Peter J. Iven	13b. MOTHER'S MAIDEN NAME Agnes M. Wegman	14. NAME OF HUSBAND OR WIFE Loretta Joyce Iven
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW II	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Loretta J. Iven	Address Linn, Mo. RFD
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Drowning	INTERVAL BETWEEN ONSET AND DEATH Instant
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	DUE TO (c)
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Man fell from fishing boat in river
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20c. TIME OF INJURY Hour 11:30 p.m. Month 11 Day 30 Year 1962	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (If in or about home, farm, factory, street, office bldg., etc.) Osage River	20f. CITY, TOWN, OR LOCATION Schubberts	COUNTY Cole	STATE Mo
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21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.
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22. SIGNATURE Cletus A. Kalk	(Degree or title) Coroner, Cole County	22b. ADDRESS Jefferson City, Mo. 1436 Green Berry Road	22c. DATE SIGNED 12/3/62
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4 Dec 1962	23c. NAME OF CEMETERY OF CREMATORY St. George	23d. LOCATION (City, town, or county) Linn, Mo.
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24. FUNERAL DIRECTOR Clyde Morton	ADDRESS Linn, Mo.	25. DATE RECD. BY LOCAL REG. 3 December 1962	26. REGISTRAR'S SIGNATURE R. P. Davis, M.D. F. Richter, Reg.
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DEC 13 1962  
FEB 5 1963  
DEC 10 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Vernon M. Morton

Licensed Embalmer No. 4125

P. O. Address Linn, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.